

INVESTIGATIONAL PD (Rev. 4-8-91)-31		Crime Homicide		OCCB No. 287		Date of Report 2/7/00		PAGE 1	
Date of Orig. Rec. 2/6/00		Date Assigned		Case No. 375		Unit Reporting OHS		Follow Up No.	
Complainant's Name Last First M PSNY FOR				Victim's Name Last First M VANN		Different LEROY (DOA)			
Last Name First M KNIGHT SHANISE		Address 153-18 112 Ave		Age 35		Sex M		Race B	
Home Telephone 718-264-1584		Business Telephone		Neighborhood NEIGHBOR		Sex M		Race B	
Total No. of Perpetrators 1		Arrested <input type="checkbox"/> Wanted <input type="checkbox"/>		Weapon <input type="checkbox"/> Used <input type="checkbox"/> Possessed <input type="checkbox"/>		Describe Weapon (If used give color make and type model etc)			
Wanted <input type="checkbox"/> Arrested <input type="checkbox"/>		Last Name First M I		Address include City State Zip		Appt No		Res Pct	
Sex M		Race B		Date of Birth		Age 35		Height 6'0"	
Weight 230		Eye Color		Hair Color blk		Hair Length shrt		Facial Hair clean	
Clothing Description		Dark blue slacks dark blue shirt							
Nicknames First Name Alias		Scars Marks M.O. Etc							
Continue in Details		perp height at eye level with DOA							
Wanted <input type="checkbox"/> Arrested <input type="checkbox"/>		Last Name First M I		Address include City State Zip		Appt No		Res Pct	
Sex M		Race B		Date of Birth		Age 35		Height 6'0"	
Weight 230		Eye Color		Hair Color blk		Hair Length shrt		Facial Hair clean	
Clothing Description		Dark blue slacks dark blue shirt							
Nicknames First Name Alias		Scars Marks M.O. Etc							
Continue in Details		perp height at eye level with DOA							
AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."									
Comp. Interviewed		in Person <input type="checkbox"/> By Phone <input type="checkbox"/>		Date		Time		Results Same as Comp. Report Different (Explain in Details)	
Witness Interviewed		in Person <input type="checkbox"/> By Phone <input type="checkbox"/>		Date		Time		Results Same as Comp. Report Different (Explain in Details)	
Canvass Conducted		in Person <input type="checkbox"/> By Phone <input type="checkbox"/>		Date		Time		Results Same as Comp. Report Different (Explain in Details)	
Canvass Conducted		in Person <input type="checkbox"/> By Phone <input type="checkbox"/>		Date		Time		Results Same as Comp. Report Different (Explain in Details)	
Complainant Viewed Photos		<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future		Results					
Witness Viewed Photos		<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future		Results					
Crime Scene Dusted		<input type="checkbox"/> Yes <input type="checkbox"/> No		By (Enter Results in Details)		Crime Scene Photos		By (Enter Results in Details)	
Crime Scene Dusted		<input type="checkbox"/> Yes <input type="checkbox"/> No		By (Enter Results in Details)		Crime Scene Photos		By (Enter Results in Details)	
If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted									
DETAILS: INVESTIGATION: HOMICIDE SUBJECT: INTERVIEW OF WITNESS, SHARISE KNIGHT 1 On 2/7/00 2100hrs. the undersigned and Det. Mattera were present in the V/O of 153St& 112 Ave. to conduct a canvass relative to this investigation. While at this location, the undersigned interviewed the above witness. She states the following: 2 On 2/6/00 0300hrs. the wit was suffering from an episode chronic amnesia. The wit was awake and sitting on her living room couch looking out of the wit front window. The wit observed the DOA Jaguar (blk.4DSD) drive past the wit's residence coming from the V/O of Sutphin Blvd. The DOA auto past the wit's house and continued E/B on 112 Ave. and presumably made a U-Turn at 155 St. eventually stopping in front of the DOA's residence. The DOA parked his auto in front of the residence and eventually exited the auto and approached his front gate. The wit then observed the perp#1 walk towards DOA from the V/O of 153 St. The perp#1 and the DOA appeared to be talking. The wit indicated that the perp#1 and the DOA were clearly visible to the wit from the wit's window due to the fact that bright headlights which came from the direction of 153 St. were illuminating the perp#1 and the DOA. The wit indicated that lights appeared to be coming from a large auto (possible jeep) which was parked on the N/B side of 112 Ave. with its lights illuminating the V/O of the DOA residence. On 2/6/00 0305 hrs. The wit left the wit's livingroom and went to the rear of the wit's residence into the bedroom to watch TV. On 2/6/00 0316 hrs. the wit heard 1 gunshot the wit believed came from the V/O 113 Ave.. The wit lowered the TV and then heard 2 more gunshots. The wit did not call the police since the wit indicated that this was common occurrence in the neighborhood. On 2/6/00 at approximately 0400 hrs. the wit answered a knock on the door and was informed by the police that a neighbor had been shot.									
CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		DATE REVIEWED / CLOSED		IF ACTIVE, DATE OF NEXT REVIEW					
REPORTING OFFICER		RANK		SIGNATURE		NAME PRINTED		TAX REC NO.	
SUPERVISOR		CLOSING		OR B		COPIES		COMMAND	



COMPLAINT FOLLOW-UP INFORMATIONAL

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3. On 2/7/00, 2230 hrs. the undersigned and Det Mattera were present at the wit's residence to show the wit a photo array relative to this investigation. The photo array consisted of 6 B&W photos of M/B's of similar pedigree and appearance. Photo #5 in this photo array contained the photo of the subject Tyrone Johnson, NYSID#FF505212. The wit indicated that the perp#1 was not among the photos in the photo array.

4. CASE ACTIVE.

<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		DATE REVIEWED/CLOSED		IF ACTIVE DATE OF NEXT REVIEW	
REPORTING OFFICER	Bardin	RANK	Det	SIGNATURE	NAME (PRINTED)
				Bardin	
SUPERVISOR		DATE		SIGNATURE	